

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

OCT 3 1 2018

I. Name of Lobbyist(s)	NEW HAMPSHIRE			
II. Name of lobbyist's	DEPARTMENT OF STATE			
Orr & Reno, P.A.				
(Name	of partnership, firm or co	orporation)		·
45 S. Main Street,		Concord	NH	03302
Business Address: (Stre	et)	(Town/City)	(State)	(Zip Code)
(603) <u>224-2381</u> (Telephone)	(603) 224-2318 (Fax)	e-mail_groussos	@orr-reno.com
III. This statement cov reportable expense tra			s for each client, OR you ma any one client).	y file a separate report for
All reportable transa	actions occurring in the	months prior to th	e reporting date relative to th	e following client:
	e Association of Do			
	(Full Name of Client as i			
OR All reportable transaunrelated to any particular		(including the lobb	yist's family), or the lobbying	g firm listed below which are
IV. Date of Report Reparts cover: activity	April 25, 2018 y fram date af registratia	n ta 3/31/18	July 25, 2018	
а	October 31, 2018 🛭 ctivity from 7/1/18 (a 9/3	0/18	January 30, 2019 activity fram 10/1/18 to 12/31.	/18
V. There have been of this box is checked, co Concord, NH 03301.	no fees received and omplete just this form o	I no reportable t and submit it to the	transactions made since t Secretary of State's Office, S	he last report. Grate House, Room 204,
VI. Check if additiona	I reports are attached	!:		
	•		e Addendum A-Fees and E	xpenses
	honorarium or reimbu		must file Addendum B-Re	
		e political contribut	tions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affin I have read RSA 15, RS and complete to the bes	SA 15-B, RSA 14-C an	d RSA 664 and her I belief.	reby swear or affirm that the	foregoing information is true
(Signature of lobbyist)	W/m		10/31/18 (Dat	ie)
George W. Rousso (Print Name of lobbyis				

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadea	u	
11. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A.		
(Name of partnership, firm or corporation)		
III. Name of Client NH Association of Domestic Insurance Compan	ies Date 1	0/31/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The granted reduced by any expenses:	relations, or	public relations services
a) Total of all fees received in this reporting period	a) \$	0.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)		110,748.93
c) Total of all fees received to date (Add lines a and b)	c) \$	110,748.93
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	15,368.31
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if e may be filed e aggregate to expenses; (b) to le: meals pure ss than \$10 the ed with a value orting period of ue of greater er than \$25, b, expense rei	expenditures are made by for the lobbyist(s)/firm total of all expenses paid the aggregate total of all chased during a busines that is given to the person to the person of greater than \$25.00 for than \$25, purchase of than \$25, purchase of than \$25, purchase of the person to the person to the person than \$25, purchase of the person to the person to the person than \$25, purchase of the person to the person than \$25, purchase of the person to the person than \$25, purchase of the person to
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	0.00_
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees du	uring this reporting
Paid to:	Amount:	
	s	
	\$	
	\$	
	s	
	s	
·		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	n that the fore	egoing information
Am n//mm	10/31/18	8
(Signature of lobbyist)	(Da	ite)
George W. Roussos (Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): New Hampshire Association of Domestic Insurance Companies Date of Report (check one): January 30, 2019 April 25, 2018 July 25, 2018 October 31, 2018 🖾 I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): _ Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. 10/31/18 (Date) George W. Roussos